Candidate and Rollical Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

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Candidate's Name John C. Bether	ECEIVE
Full Address 5188 Hwy 467 Edwards MS 39066	JAN 0 8 2010
Telephone 601-852-9289 (Fax)	Secretary of State
E-mail jebethea@gahoo.com	
Office Sought State Senate 26 Political Party Constitution Land	
Check here if above is different from previous report TYPE OF REPORT	
January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)	All Candidates and Political Committees
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Requirements of the contribution of the campaign obligation obligation of the campaign debt obligation obligation.	ations
 (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. It shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures have occurred. It shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditure a contribution of the filed in a co	accordance with MIss. Code
before the deadline. Faxed reports are acceptable.	:
REPORTED CONTRIBUTIONS AND DISBURSEMEI (itemized + non-itemized) This Period	Calendar year-to-date
Total amount of contributions & \$	s D
Total amount of disbursements \$ 1074.75 \$	\$ 0
Total amount of cash on hand \$	
I certify that I have examined this report and to the best of my knowledge and belief it is tree. Signature of Candidate Date	1/8/10
Signature of Candidate Date Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).	allure to submit valid reports shall
Signature of Candidate Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.	allure to submit valid reports shall uld return form to 01-359-1499 or

Name of Candidate or C	Committee	John	C.	Bethee	
value of Canadate of		an d		1-8-2009	
Reporting period	10-27-20	07	inrougn _	1-8-2007	

ITEMIZED DISBURSEMENTS

	1	
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 4945 Clinton - Tilmin Rd	10 129107	\$ 8000
City, State, Zip Gode Cinfon, 175 39056		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/10/07	\$ 274.75
City, State, Zip Gode Edwards MS 39066		S
Purpose of Disbursement (Optional) End of Campaign Thenk you Party	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code	_'	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	-/-/-	\$
City, State, ZIp Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$